THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

20-1138 A-1

SAP Number 4400015066

Department of Behavioral Health

Department Contract Representative Christopher Carso **Telephone Number** (909) 382-0856 Contractor Rim Family Services, Inc. **Contractor Representative** Colleen Myers **Telephone Number** (909) 252-6132 Contract Term January 1, 2021 through June 30, 2026 \$900.000 **Original Contract Amount** Amendment Amount \$200,000 **Total Contract Amount** \$1,100,000 **Cost Center** 9203372200 **Grant Number (If applicable)** N/A

AMENDMENT NO. 1

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

It is hereby agreed to amend Contract No. 20-1138, by and between San Bernardino County, a political subdivision of the State of California (hereinafter called the County), and Rim Family Service, Inc. (hereinafter called Contractor) as follows:

- I. ARTICLE IV <u>FUNDING AND BUDGITARY RESTRICTIONS</u>, paragraph H is hereby amended and paragraph I is hereby added to read as follows:
 - H. The maximum financial obligation under this contract shall not exceed \$1,100,000 for the contract term.
 - I. This amendment hereby adds Schedules A and B for FY 2025-26 as set forth in Exhibit I. All previously approved schedules remain in effect.
- II. ARTICLE XIII DURATION AND TERMINATION, paragraph A is hereby amended to read as follows:

- A. The term of this Agreement shall be from January 1, 2021 through June 30, 2026 inclusive.
- III. ARTICLE XVI PERSONNEL, paragraphs L and M are hereby added to read as follows:
 - L. Executive Order N-6-22 Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine (https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions), as well as any sanctions imposed under state law (https://www.dgs.ca.gov/OLS/Ukraine-Russia). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.

M. Levine Act - Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

Contractor has disclosed to the County using Attachment III – Levine Act - Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor's proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer for 12 months after the County's consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$500 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.

- IV. ATTACHMENT III Levine Act-Campaign Contribution Disclosure (formerly referred to as SB 1439) is hereby added.
- V. Exhibit I Schedules A and B for FY 2025-26 are hereby added.

VI.	All other terms.	conditions and covenants in the basic agreement remain in full for	rce and effect.
V I.	/ III OUIOI (CITIO,	conditions and covenants in the basic agreement remain in fall for	de and encet.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

SAN BERNARDINO COUNTY		Rim Family Services, Inc.					
		(Print or type	e name of corporation, company, contractor, etc.)				
>		Ву					
Dawn Rowe, Chair, Board of Supervi	sors		(Authorized signature - sign in blue ink)				
Dated:		Name Jo	oscelyn Field				
SIGNED AND CERTIFIED THAT A C	COPY OF THIS		(Print or type name of person signing contract)				
DOCUMENT HAS BEEN DELIVERE	D TO THE	_					
CHAIRMAN OF THE BOARD		Title Executive Director					
Lynna Monell Clerk of the Boar of San Bernard			(Print or Type)				
Ву		Dated:					
Deput	/	Address	28545 State Hwy 18, Skyforest,				
			CA 92385				
FOR COUNTY USE ONLY							
Approved as to Legal Form	Reviewed for Contract	t Compliance	Reviewed/Approved by Department				
>	•		•				
Dawn Martin, Deputy County Counsel	Michael Shin, Adminis	strative Manager	Georgina Yoshioka, Director				
Date	Date		Date				

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Actual Cost Contract (cost reimbursement)

PREVENTION AND EARLY INTERVENTION

Contractor Name: Rim Family Services, Inc. Region Mountain Contract # Address: PO Box 578 Skyforest, CA 92385 Date Form Completed:

Updated 4/15/25

Prepared by: Joscelyn Field Executive Director

FY 2025 - 2026 July 1, 2025 to June 30, 2026

	PEI County Prog							ICE.	s		
				_	m: PREVE						
	Distribution	1.0	0%		1.00%	·	40.00%		58.00%		
			Mod					le 45			
		Early	Interver	ition	Services		Preventio	n Se	rvices		TOTAL
#		Manag	ise jement -09	10-	ntal Health Services 19; 30-38; 48; 50-57		ntal Health romotion 10-19		ommunity ent Services 20-29		
1	EXPENSES										
2	SALARIES	\$	1,094	_	1,094		43,757		63,448		\$ 109,393
3		\$	284	\$	284	\$	11,377		16,496		\$ 28,442
4	(2+3 must equal total staffing costs)	\$	1,378		1,378	_	55,134	_	79,944		\$ 137,835
5		\$	597	\$	3,097	\$	23,866		34,605		\$ 62,165
6	TOTAL ENGLO (E O O)	\$	1,975	\$	4,475	\$	79,000	\$	114,549		\$ 200,000
7	AGENCY REVENUES										
8	PATIENT FEES										\$ -
9	PATIENT INSURANCE										\$ -
10	GRANTS/OTHER										\$ -
11		\$	-	\$	-	\$	-	\$	-		\$ -
12	CONTRACT AMOUNT (6-11)	\$	1,975	\$	4,475	\$	79,000	\$	114,549		\$ 200,000
13	FUNDING										
14	MHSA	\$	1,975		4,475		79,000	-	114,549		\$ 200,000
15	TOTAL FUNDING	\$	1,975		4,475	\$	79,000	\$	114,549		\$ 200,000
16		\$	2.20		2.99						
17		\$	0.73		1.65						
18		\$	2,714	\$	2,714						
19	UNDUPLICATED PARTICIPANTS										
20	TOTAL UNDUPLICATED PARTICIPANTS		6		4		118		450		 578
21	COST PER UNDUPLICATED PARTICIPANT	\$	329.23	\$	1,118.84	\$	669.49	\$	254.55		\$ 346.02
22	SERVICES										
23	TOTAL SERVICES		18		25		118		2,510		2,671
24	COST PER TOTAL SERVICES	\$	109.74	\$	179.01	\$	669.49	\$	45.64		\$ 74.88

APPROVED:

Michele Hunt Apr 16, 2025 Thelma Rodriguez PROVIDER AUTHORIZED SIGNATURE DATE DBH FISCAL SERVICES DATE DBH PROGRAM MANAGER DATE

Thelma Rodriguez Michele Hunt Jeanine Wymer

DBH FISCAL SERVICES (PRINT NAME) DBH PROGRAM MANAGER (PRINT NAME) PROVIDER AUTHORIZED SIGNER (PRINT NAME)

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Schedule B	STA
	F

STAFFING DETAIL FY 2025 - 2026 July 1, 2025 to June 30, 2026

(12 months)

Contractor Name:	Rim Family	y Services,	Inc.
Contract #			

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAME: Rim Family Services, Inc.

Name	Degree/ License	Position Title	Full Time Annual Salary	Full Time Fringe Benefits	Total Full Time Salaries & Benefits	% Time Spent on Contract Services	Total Salaries and Benefits Charged to Contract Services	Service Hours of Contract Services	Total Salaries Charged to Contract Services	Total Benefits Charged to Contract Services
Joscelyn Field	B.A., CADC II-CA	Executive Director	83,200	21,632	104,832	5.00%	5,242	104	4,160	1,082
Michele Hubt	B.S.	Financial Director	86,216	22,416	108,632	3.00%	3,259	62	2,586	673
Colleen Myers	B.A., CADC I-CA	PEI Program Director	61,194	15,910	77,104	2.50%	1,928	52	1,530	398
Bobbi Martinez	Paraprofessional	Program Coordinator	52,083	13,542	65,625	20.00%	13,125	416	10,417	2,708
Patricia Aldaco	Paraprofessional	Peer and Family Advocate	44,554	11,584	56,138	75.00%	42,104	1,560	33,416	8,688
Margaret Tiefenthaler	Paraprofessional	Peer and Family Advocate	50,794	13,206	64,000	100.00%	64,000	2,080	50,794	13,206
Angelica Bermudez	Paraprofessional	Early Intervention Program Coordi	54,080	14,061	68,141	12.00%	8,177	250	6,490	1,687
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
					0	0.00%	0	0	0	0
						ΤΟΤΔΙ			109,393	28,442

TOTAL		
COST A:	137,835	4,524

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B

FY 2025 - 2026

Prepared by: Joscelyn Field

Title: Executive Director

Contractor Name: Rim Family Services, Inc.

Region Mountain

Contract #

Address: PO Box 578

Skyforest, CA 92385

Date Form Completed:

Updated 4/15/25

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

July 1, 2025 to June 30, 2026

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO CONTRACT	TOTAL COST TO CONTRACT
Building Maintenance, Repairs	\$12,000	95%	\$11,400	5%	\$600
2 Contract Services	\$16,000	80%	\$12,800	20%	\$3,200
3 ProWellness Sub Contract	\$2,500	0%	\$0	100%	\$2,500
4 Education/Training	\$1,100	0%	\$0	100%	\$1,100
5 Insurance	\$15,000	94%	\$14,100	6%	\$900
6 Mileage	\$3,779	0%	\$0	100%	\$3,779
7 Office Supplies	\$24,000	83%	\$19,920	17%	\$4,080
8 Utilities	\$19,000	82%	\$15,580	18%	\$3,420
9 Program Supplies	\$3,500	0%	\$0	100%	\$3,500
10 Rent	\$13,000	0%	\$0	100%	\$13,000
11 Allocated Admin	\$26,086	0%	\$0	100%	\$26,086
12		0%	\$0	100%	\$0
13		0%	\$0	100%	\$0
14		0%	\$0	100%	\$0
15		0%	\$0	100%	\$0
SUBTOTAL B:		\$62,165			
GROSS TOTAL STAFFING AND	OPERATING COSTS	6			\$200,000

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B BUDGET NARRATIVE FY 2025 - 2026

Contractor Name: Rim Family Services, Inc.
Region Mountain

C---t----t#

Contract #

Address: PO Box 578

Skyforest, CA 92385

Date Form Completed:

Updated 4/15/25

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

Prepared by: Joscelyn Field

Title: Executive Director

July 1, 2025 to June 30, 2026

	ITEM	Justification of Cost
1	Building Maintenance, Repairs	Expense is for repairs, maintenance, upkeep, alarm, etc.
2	Contract Services	Copy machine, snow removal, pest control, etc.
3	ProWellness Sub Contract	These costs include services provided by ProWellness subcontract. Billed at \$100.00 per session.
4	Education/Training	Certification and training / CEUs for staff.
5	Insurance	Liability and D&O, etc.
6	Mileage	Mileage to and from older adult centers, meetings and trainings. We reimburse at .70/mile as per the IRS guidelines, etc.
7	Office Supplies	Ink cartridges, paper, office supplies.
8	Utilities	Gas, electric, telephone, water, cellphones, etc.
9	Program Supplies	Supplies for program activities
10	Rent	Cost to rent offices, rental costs of activity venues
11	Allocated Admin	These costs include indirect administrative costs not identified by any one program. These costs include accounting, property tax, depreciation, etc.
12		
13		
14		
15		

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCHEDULE B FY 2025 - 2026

July 1, 2025 to June 30, 2026

Contractor Name: Rim Family Services, Inc. Region Mountain

Contract#

Address: PO Box 578 Skyforest, CA 92385

Date Form Completed: Updated 4/15/25

Yes	ar to Date Unduplicated F	articipant C	ount	
Early Int	ervention	Mental Health	Comm. Client	Program
Case Management	MHS	Promotion	Services	riogiani
6	4	118	450	578

PEI County Program: OLDER ADULT COMMUNITY SERVICES

State Defined Program: PREVENTION

				State	Delilled	Progran	I. FIXEV	LIVITON						
Service Projections for:		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Early Intervention	Case Management	1	1	1	1	1	1	2	2	2	2	2	2	18
Services	Mental Health Services	2	2	2	2	2	2	2	2	2	2	2	3	25
Mental Health Promotion		10	10	10	10	10	9	9	10	10	10	10	10	118
Community Client Service	s .	210	210	209	209	209	209	209	209	209	209	209	209	2510
TOTAL		223	223	222	222	222	221	222	223	223	223	223	224	2671
Hours Projections for:		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Early Intervention	Case Management	4	4	4	4	4	4	4	4	4	4	4	4	45
Services	Mental Health Services	4	4	4	4	4	4	4	4	4	4	4	4	45
Mental Health Promotion		151	151	151	151	151	151	151	151	151	151	151	151	1,810
Community Client Service	s s	219	219	219	219	219	219	219	219	219	219	219	219	2,624
TOTAL		377	377	377	377	377	377	377	377	377	377	377	377	4,524
		•												
Cost Projections for:		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	TOTAL
Early Intervention	Case Management	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 165	\$ 1,975
Services	Mental Health Services	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 373	\$ 4,475
Mental Health Promotion		\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 6,583	\$ 79,000
Community Client Service	es .	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 9,546	\$ 114,549
TOTAL		\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 16,667	\$ 200,000



Levine Act – Campaign Contribution Disclosure

(formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- Personal employment contracts
- Contracts under \$50,000
- Contracts where no party receives financial compensation
- · Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or \$50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

DEFINITIONS

Actively supporting or opposing the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidiary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

<u>Parent-Subsidiary Relationship:</u> A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

	ontractors must respond to the q /A or Not Applicable.	uestions on the	following page.	If a question does not apply respond					
1.	Name of Contractor: Rim Fa	mily Services, Inc	C.						
2.	Is the entity listed in Question No.	1 a nonprofit orga	anization under Inte	ernal Revenue Code section 501(c)(3)?					
	Yes X If yes, skip Question Nos	. 3-4 and go to Q	uestion No. 5 No]					
3.	Name of Principal (i.e., CEO/Pres matter <u>and</u> has a financial interest			. 1, <u>if</u> the individual actively supports the					
4.	. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):								
5.	Name of any parent, subsidiary, o definitions above):	r otherwise relate	ed entity for the enti	ity listed in Question No. 1 (see					
	Company Name)		Relationship					
1	N/A								
6.	Name of agent(s) of Contractor:								
	Company Name	Age	ent(s)	Date Agent Retained (if less than 12 months prior)					
F	Rim Family Services, Inc.	Joscelyn Field							
F	Rim Family Services, Inc.	Michele Hunt							
7.	Name of Subcontractor(s) (include		d Agent(s)) that wi	II be providing services/work under the					
_				er <u>and</u> (2) has a financial interest in the nty or board governed special district.					
			ntract with the Cou	er <u>and</u> (2) has a financial interest in the					
	decision and (3) will be possibly in	dentified in the co	ntract with the Cou	er <u>and</u> (2) has a financial interest in the nty or board governed special district.					
8.	Company Name Prowellness Academy Name of any known individuals/co	Subcontractor Prowellness Ac mpanies who are	ntract with the Countract with t	er <u>and</u> (2) has a financial interest in the nty or board governed special district. Principal and//or Agent(s):					

9. Was a campaign contribution, of more than \$500, made to any member of the San Bernardino County Board

	listed in Question Nos. 1-8?	
	No X	If no, please skip Question No. 10.
	Yes □	If yes, please continue to complete this form.
10.). Name of Board of Supervisor Member or other County elected officer:	
	Name of Contributor:	
	Date(s) of Contribution(s):	
	Amount(s):	
	Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyon listed made campaign contributions.	

of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.